

Initial Information Sheet

Date: _____ How did you hear about us? _____

INQUIRER'S INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: Home: _____ Work: _____ Cell: _____

Email: _____

Relationship to Potential Resident: _____

Who is the responsible decision maker? _____

Circle area of building interested in: _____ Assisted Living _____ Secure Memory Care

Apartment Type Preference: _____ Studio _____ 1-Bedroom _____ 2-Bedroom

PROSPECTIVE RESIDENT'S INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Gender: ___ Male ___ Female Marital Status: ___ Single ___ Divorced ___ Widow ___ Widower

Date of Birth: ___/___/_____ Veteran: Yes ___ No ___ Branch of Service: _____

Walks Independently _____ Uses Walker _____ Uses Wheelchair _____

Current Living Situation _____

How soon are you seeking residency? _____

Does potential resident need help with the following CARE NEEDS?	YES	NO
Grooming		
Dressing		
Bathing		
Laundry		
Toileting		
Escort to dining room for safety		
Medication Management		

Does Potential Resident have Long Term Care Insurance: Circle YES or NO

Who took information? _____